

STATE OF SOUTH CAROLINA

POSTED
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218033

(FORM 1)

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Non-Emergency

Carolina Health Transport, LLC.

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-297-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Brenda Bishop

Telephone: (843) 241-2380

Address: 4371 5th Ave.

Fax:

Little River, SC 29566

Other:

(843) 241-4359

Email:

carolinahealthtransport@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application – Class C Taxi
- ☐ Application – Class C Charter
- ☐ Application – Class C Charter Bus
- ☒ Application – Class C Non-Emergency
- ☐ Application – Class E Household Goods
- ☐ Application – Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate

- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other:

RECEIVED

JUL 20 2009

PSC SC
DOCKETING DEPT.

JBS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100

FORM C-AC**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA****ATTN: DOCKETING DEPARTMENT****101 EXECUTIVE CENTER DRIVE****COLUMBIA, SC 29210**

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

(Office # 803-896-5100)

(Fax # - 803-896-5199)

CLASS C - NON-EMERGENCYDATE July 20, 2009**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Carolina Health Transport LLC

2. (a) Street Address of Applicant 4371 5th Ave.

Little River, SC 29566

- (b) Mailing address, if different from street address _____

PO Box 1233Little River, SC 29566

- (c) Telephone Number (843) 241-2380 Fed. ID # _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

Brenda Bishop 4371 5th Ave Little River, SC 29566Michael Bishop 4371 5th Ave Little River, SC 29566

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: July Year: 2009

Assets:	
Cash	\$6,000.00
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	\$6,000.00
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	-0-
Total Liabilities and Equity	-0-

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF HorryBrenda L. Bishop

OWNER

(Name of Applicant's Representative)

(Title)

f Carolina Health Transport, LLC., the Applicant for the Certificate of Public (Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

This the 20 day of July 2009
Karen E. LaRue
 (Notary Public)

Brenda L. Bishop
 (Signature of Applicant's Representative)

Commission Expires: 2-15-11

CERTIFIED TO BE A TRUE AND CORRECT COPY
 AS TAKEN FROM AND COMPARED WITH THE
 ORIGINAL ON FILE IN THIS OFFICE

JUL 01 2009

STATE OF SOUTH CAROLINA
 SECRETARY OF STATE

ARTICLES OF ORGANIZATION
 LIMITED LIABILITY COMPANY

Mark Hammond
 SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is CAROLINA HEALTH TRANSPORT, LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is

4371 5th Ave

Street Address

Little River, SC, 29556

City

Zip Code

3. The initial agent for service of process of the Limited Liability Company is

Corporation Service Company
 Name

Mark Hammond
 Signature

and the street address in South Carolina for this initial agent for service of process is

1703 Laurel Street

Street Address

Columbia

City

29201

Zip Code

4. The name and address of each organizer is

(a) Corporation Service Company
 Name

2711 Centerville Road, Suite 400

Street Address

City

Wilmington, DE 19808

State

Zip Code

(b)

Name

Street Address

City

State

Zip Code

(Add additional lines if necessary)

5. ☐ Check this box only if the company is to be a term company. If so, provide the term specified:

090707-0108

CAROLINA HEALTH TRANSPORT, LLC

FILED: 07/06/2009

Filing Fee: \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State

CARCLINA HEALTH TRANSPORT, LLC

Name of Limited Liability Company

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:

(a) _____
Name

Street Address City

State Zip Code

(b) _____

Name

Street Address City

State Zip Code

(c) _____

Name

Street Address City

State Zip Code

(d) _____

Name

Street Address City

State Zip Code

(Add additional lines if necessary)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

CAROLINA HEALTH TRANSPORT, LLC
Name of Limited Liability Company

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

Upon Filing.

9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.

10. Signature of each organizer

Mindy Coulter
Corporation Service Company, Organizer
Mindy Coulter, Asst. Sec.

Date 07/02/2009

(Add Additional lines if necessary)

FILING INSTRUCTIONS

1. File two copies of this form, the original and either a duplicate original or a conformed copy.
2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
3. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Return to: Secretary of State
P.O. Box 11350
Columbia, SC 29211
4. The first annual report for a Limited Liability Company must be delivered to the Secretary of State between January first and April first of the calendar year after which the Limited Liability Company was organized or the foreign company was first authorized to transact business in South Carolina. Subsequent annual reports must be delivered to the Secretary of State between January first and April first of the ensuing calendar years.

NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.

EXHIBIT C

NON EMERGENCY

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Carolina Health Transport, LLC.

For the transportation of passengers as follows:

Area to be served: StatewideNumber of passengers: 1 maximum

Fares: Ambulatory Fares: Maximum \$65.00 up to 75 miles, plus \$2.00 per mile thereafter, one way. Wheelchair fares: Maximum \$125.00 up to 75 miles, plus \$2.00 per mile thereafter, one way.

Date 7-20-09Brenda L. Bishop
ByOWNER

Title

INSURANCE QUOTE

The following insurance quote is for: CAROLINA HEALTH TRANSPORT, LLC 4371 5th Ave, Little River, SC 29544

State Farm mutual Automobile Company
(Name of Motor Carrier)

620 6th Ave. S. N. Myrtle Bch, SC 29582
(Address of Motor Carrier)

*Note: Bodily injury and property damage limits will not be less than the following:

a. Liability Combined Each Occurrence \$1,000,000
b. Medical Payments/Each Person \$1,000

Amount of Premium: \$ 802.70

Liability Insurance 1,000,000.00

The above quoted premiums are for a term of 12th months.

State Farm mutual Automobile Company
(Insurance Company Name)

11350 Johns Creek Parkway Duluth, GA 30098-0001
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

7-20-09 Charlie Stuart Jr by Shannon Baker
Date (Authorized Insurance Company Representative) LSA-5

EXHIBIT FWA

Name: Brenda L. Bishop dba Carolina Health Transport, LLC.

Address: 4371 5th Ave., Little River, SC 29566

Telephone No. (843) 241-2380 Fax No. _____

U.S.D.O.T. No. _____ ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No X Pending _____ (Submit when received)

(If "yes", indicate rating and provide copy)

Satisfactory_____

Conditional

Unsatisfactory_____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No X

3. Are there currently any outstanding judgement(s) against Applicant?

Yes _____ No X

(If "yes", indicate nature of judgement(s).

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes X No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes X No

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

(Applicant's Signature)

Sworn to before me

At Carolina First Bank N.M. Beach

This 20 day of July, 2009

Karen E. L. Penrose
(Notary Public)

Commission Expires: 2-15-11

APPLICANT'S OATH

I, Brenda L. Bishop, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record of Annual Inspection forms on file at the company's primary place of business. I further certify that according to R. 103-133(4) (a), Proof Required to Justify Approving an Application, I have read the attached regulations governing Class C Non-Emergency Carriers and pledge to abide by these and all pertinent Statutes, Standards and Regulations. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)

Brenda L. Bishop
(Applicant's Signature)

Sworn to before me
At N. Myrtle Bch, SC
This 20th day of July, 2009
Shannon E. Baker
(Notary Public)
Commission Expires: 12-11-2012